

EXHIBIT Z

Eastern Service Area of Kalamazoo Regional Education Service Agency
Climax Scotts Comstock Galesburg Augusta Gull Lake
Parchment

Application for Homebound Services

TO BE COMPLETED BY PARENT OR GUARDIAN: (PLEASE PRINT)

My child is unable to go to school and I request homebound instruction.

Ke'Hijah J. Shepherd-Friday Date of Birth 2002 12#
Name Grade

Kal. MI. 49007 Address - Zip Code

209. Telephone Number

Comstock Commer

School Student Attends

Last Date Attended

Is this a Special Education Student? Yes No

Is there a 504 plan? Yes No

Is the student disabled? Yes No

Sickle Cell w/ Organ
Student's Disability

Ke'Hijah J. Shepherd
Signature of Parent/Guardian

01/11/27/2020
Date

TO BE COMPLETED BY PHYSICIAN: (OR ATTACH PHYSICIAN'S LETTER)

Medical Diagnosis: Sickle Cell disease and pulmonary
hypertension

Student is currently hospitalized or confined to the home during regular school hours Yes No

Recommended for Homebound Instruction: Yes No

Tentative Duration of Absence from School: 6 months

Katherine Scott, MD
Signature of Physician

1/28/2020
Date

MAIL OR FAX BACK TO: BRIAN DELLER 3010 Gull Road
Revised 1/2020

KALAMAZOO MI
49034

Kalamazoo RESA Eastern Service Area

Student	Ketajanaa Shepherd	DOB	2002
Staff	Dr. Laura Herby	Position	School Neuropsychologist

Dear: Physician of K. Shepherd Date: 01/27/2020

We are evaluating the student named above for eligibility as a student with a disability as defined by the Michigan Administrative Rules for Special Education. A disability area that we are considering is Other Health Impairment which is defined by the special education regulations as:

"(9) Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that – (i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and (ii) adversely affects a child's educational performance."

A medical diagnosis is a required component of multiple criteria that must be met to determine eligibility. In addition to the medical diagnosis, the multidisciplinary evaluation team will assess if the health problem has a significant impact on the student's education performance.

Your prompt attention to this request is appreciated to enable the evaluation to be completed within state timelines. If you have questions, please contact me using the information listed below.

Thank you in advance for your attention to this request by _____

All Medical Diagnoses	Sickle cell disease, pulmonary hypertension		
Treatment	Medications, IV pain meds, Oxygen		
Is this a life-long condition?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Uncertain
Check below if any of the following areas are affected by the medical condition and describe the nature and degree of impact in each area checked: (e.g. medication effects, behaviors, distractibility, frequent absences, limited mobility, etc.)			
Strength	(Capacity for physical exertion, muscular power) Oxygen requirement plus chronic pain from vaso-occlusive Sickle cell disease		
Vitality	(Capacity for endurance, energy, or stamina) oxygen requirement around the clock, may need increased oxygen for mild exertion		
Alertness	(Attentiveness, concentration, responsiveness, engagement) occasionally, due to need for pain medication		
Restrictions (If any)	activity as tolerated, requires oxygen supplementation at all times		
Physician Signature	Katherine Scott, MD		Date 1/30/2020
Please return by fax or email	Attention	Brion Deller	Telephone 269-250-8926
	Email	dellerbe@ComstockPS.org	Fax 269-250-8931